

County: Chippewa
HETZEL CARE CENTER, INC.
P. O. BOX 227

Facility ID: 4140

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BLOOMER 54724 Phone: (715) 568-2503
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 31
Total Licensed Bed Capacity (12/31/01): 31
Number of Residents on 12/31/01: 29

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 30

Corporation
Skilled
No
Yes
Yes
30

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		27.6
Supp. Home Care-Personal Care	No					1 - 4 Years		58.6
Supp. Home Care-Household Services	No	Developmental Disabilities	3.4	Under 65	0.0	More Than 4 Years		13.8
Day Services	Yes	Mental Illness (Org./Psy)	48.3	65 - 74	10.3			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	34.5			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	41.4	*****		
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.4		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	10.3	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	17.2		-----	RNs		18.8
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		2.1
Other Services	Yes	Respiratory	3.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.8	Male	37.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	62.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	3	12.5	118	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	10.3
Skilled Care	1	100.0	267	19	79.2	101	0	0.0	0	3	75.0	116	0	0.0	0	0	0.0	0	23	79.3
Intermediate	---	---	---	2	8.3	84	0	0.0	0	1	25.0	107	0	0.0	0	0	0.0	0	3	10.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		24	100.0		0	0.0		4	100.0		0	0.0		0	0.0		29	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	14.3	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	86.2	13.8	29
Other Nursing Homes	42.9	Dressing	6.9	79.3	13.8	29
Acute Care Hospitals	35.7	Transferring	24.1	69.0	6.9	29
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	20.7	75.9	3.4	29
Rehabilitation Hospitals	0.0	Eating	58.6	31.0	10.3	29
Other Locations	7.1	*****				
Total Number of Admissions	14	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.4	Receiving Respiratory Care		10.3
Private Home/No Home Health	7.1	Occ/Freq. Incontinent of Bladder	48.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	14.3	Occ/Freq. Incontinent of Bowel	31.0	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		3.4
Acute Care Hospitals	21.4	Mobility		Receiving Tube Feeding		6.9
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	20.7	Receiving Mechanically Altered Diets		37.9
Rehabilitation Hospitals	0.0					
Other Locations	14.3	Skin Care		Other Resident Characteristics		
Deaths	42.9	With Pressure Sores	0.0	Have Advance Directives		79.3
Total Number of Discharges (Including Deaths)	14	With Rashes	10.3	Medications		
				Receiving Psychoactive Drugs		44.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group Ratio	Bed Size: Under 50 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	96.8	82.7	1.17	83.8	1.15	84.3	1.15	84.6	1.14
Current Residents from In-County	82.8	82.1	1.01	74.6	1.11	82.7	1.00	77.0	1.08
Admissions from In-County, Still Residing	42.9	18.6	2.30	33.2	1.29	21.6	1.99	20.8	2.06
Admissions/Average Daily Census	46.7	178.7	0.26	75.3	0.62	137.9	0.34	128.9	0.36
Discharges/Average Daily Census	46.7	179.9	0.26	77.3	0.60	139.0	0.34	130.0	0.36
Discharges To Private Residence/Average Daily Census	10.0	76.7	0.13	15.9	0.63	55.2	0.18	52.8	0.19
Residents Receiving Skilled Care	89.7	93.6	0.96	91.2	0.98	91.8	0.98	85.3	1.05
Residents Aged 65 and Older	100	93.4	1.07	97.7	1.02	92.5	1.08	87.5	1.14
Title 19 (Medicaid) Funded Residents	82.8	63.4	1.31	60.7	1.36	64.3	1.29	68.7	1.20
Private Pay Funded Residents	13.8	23.0	0.60	36.2	0.38	25.6	0.54	22.0	0.63
Developmentally Disabled Residents	3.4	0.7	4.92	1.4	2.44	1.2	2.93	7.6	0.45
Mentally Ill Residents	48.3	30.1	1.60	33.9	1.42	37.4	1.29	33.8	1.43
General Medical Service Residents	13.8	23.3	0.59	24.3	0.57	21.2	0.65	19.4	0.71
Impaired ADL (Mean)	44.8	48.6	0.92	51.1	0.88	49.6	0.90	49.3	0.91
Psychological Problems	44.8	50.3	0.89	58.2	0.77	54.1	0.83	51.9	0.86
Nursing Care Required (Mean)	8.6	6.2	1.39	7.0	1.23	6.5	1.32	7.3	1.17